PAGE 11/10 * RCVD AT 81/3/2008 4:26:00 PM [Eastern Daylight Time] * SVR: USPTO-EFXRF-6/8 * DNIS:2738300 * CSID: 914 969 2992 * DURATION (mm-ss): 01-54

RAYMOND A. JOAO, ESQ. 122 BELLEVUE PLACE YONKERS, NEW YORK 10703 (914) 969-2992 RECEIVED CENTER

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FAX COVER SHEET

To: The United States Patent and Trademark Office

From: Raymond A. Joao, Esq.

Date: August 13, 2008

·______.

Fax No.: 571-273-8300

No. Pages: 10 (including cover)

Re: REQUEST FOR CONTINUED EXAMINATION (RCE) - U.S. Patent Application Serial No. 09/737,348

To Whom It May Concern:

Please find transmitted herewith a REQUEST FOR CONTINUED EXAMINATION (RCE) for filing in the above-identified application.

Respectfully Submitted,

Raymond A. Joac Reg. No. 35,907 PAGE 2/10 * RCVD AT 8/12/2008 4:26:00 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/8 * DNIS:2738300 * CSID:914 969 2992 * DURATION (mm-ss):01-54

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RJ171

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 09/737,348

FILED : DECEMBER 15, 2000

FOR : APPARATUS AND METHOD FOR PROCESSING AND/OR FOR

PROVIDING HEALTHCARE INFORMATION AND/OR

HEALTHCARE-RELATED INFORMATION

EXAMINER : R. MORGAN

GROUP : 3626

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL LETTER

Sir:

Please find transmitted herewith the following for filing in the above-identified application:

1. Request For Continued Examination (RCE)

Transmittal Form;

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- 2. Credit Card Payment Form for \$405.00 for payment of the required RCE filing fee;
- 3. Fee Transmittal Sheet (in duplicate) for payment of the RCE filing fee; and
 - 4. Information Disclosure Statement.

Respectfully Submitted,

Raymond A. Joao Reg. No. 35,907

August 13, 2008

Raymond A. Joao, Esq. 122 Bellevue Place Yonkers, New York 10703 (914) 969-2992

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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0551-0032
U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/737,348 TRANSMIT Filing Date 2000 DECEMBER 15. For FY 2008 RAYMOND A. JOAO First Named Inventor Examiner Name MORGAN KX Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3626 TOTAL AMOUNT OF PAYMENT (\$) 405.00 **RJ171** Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check XXXCredit Card Money Order None Other (please identify): Deposit Account Deposit Account Number; Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fop (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Eqq.(5) Fee (\$) Utility 310 510 210 155 255 105 Design 210 105 100 50 130 65 Plant 210 105 310 160 155 80 Reissuc 310 155 510 620 255 310 Provisional 210 105 0 O 2. EXCESS CLAIM FEES **8mail Entity** Fee (\$) Fee Description <u>Fee (\$)</u> Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 Total Claims Extra Claims Multiple Dependent Claims Fee Paid (\$) Fee (\$) - 20 or HP = Fee (\$) Fee Pald (\$) HP = highest number of total claims paid for, if greater than 20. indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

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Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE FILING FEE \$405.00 SUBMITTED BY Signature ^{Теlephone}914-969-2992 35,907 (Attomey/Agent)

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Name (Print/Type)

RAYMOND A.

JOAQ

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Date 8/13

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